



LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

January 21, 2016

Draft

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Terry Goddard, MA, <i>Co-Chair</i>	Ricky Rosales	Jason Brown	Jane Nachazel
Raquel Cataldo	Octavio Vallejo	Oscar DeLaO	Doris Reed
Kimler Cruz-Gutierrez		Dahlia Ferlito	
Kevin Donnelly		Oscar Marquez	
Suzette Flynn	MEMBERS ABSENT	Katja Nelson	DHSP STAFF
Wendy Garland, MPH	Derek Dangerfield		None
David Giugni, LCSW	John Palomo		
Grissel Granados, MSW	Maria Roman		
Bradley Land			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Agenda, 1/21/2016
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 11/19/2015
- 3) **PowerPoint:** How Do We Move The Needles? Outcomes Project Overview, 1/21/2016
- 4) **Letter:** Draft Letter of Invitation to be Part of a Special Population Panel, 11/19/2015
- 5) **List:** Prospect List Youth Special Population Panel, 1/21/2016
- 6) **Recommendations:** Los Angeles County HIV Prevention Planning Committee, Transgender Task Force Recommendations, 10/21/2009
- 7) **Brochure:** 10 Tips for Working with Transgender Patients, 2011
- 8) **Flyer:** 8 Best Practices for HIV Prevention among Trans People, 2008-2009
- 9) **Protocol:** Primary Care Protocol for Transgender Patient Care: General Prevention and Screening, 2015
- 10) **Memorandum:** HIV Care and Prevention Standards, 12/7/2015

1. **CALL TO ORDER:** Mr. Goddard called the meeting to order at 10:00 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order, as presented (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
Motion 2: Approve the 11/19/2015 Standards and Best Practices (SBP) Committee meeting minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT, (Non-Agendized or Follow-Up):** There were no comments.
5. **COMMITTEE COMMENT, (Non-Agendized or Follow-Up):** There were no comments.

6. CO-CHAIRS' REPORT:

A. Co-Chair Elections:

- Mr. Goddard thanked the body for the honor of being Co-Chair. He felt Co-Chairs should represent work subjects. SBP has chosen to focus on prevention SOCs and Special Population Guidelines for youth, transgender, post-incarcerated and women. It will likely take 18 months for that work. He does not represent those topics so will not run.
- Being an SBP Co-Chair is more than managing meetings. Co-Chairs are project managers who needs to understand and delve deeply into the material. He encouraged a robust nomination process.
- Ms. Granados was nominated and accepted. Mr. Cruz-Gutierrez and Mr. Vallejo were nominated, but declined.
- ➡ Keep Co-Chair nominations open until February SBP meeting to fill second Co-Chair position.

MOTION #3: Elect Grissel Granados, MSW as Standards and Best Practices Committee Co-Chair (***Passed by Consensus***).

7. CONTINUUM OF CARE OUTCOMES PROJECT:

A. Outcomes Project Presentation:

- Ms. Garland, Research and Innovation, Division of HIV and STD Programs (DHSP), presented a PowerPoint on "How Do We Move the Needles? Outcomes Project Overview." DHSP was developing logic models for each service category to identify resources needed, key activities, process and outcome indicators which help show how activities relate to outcomes. DHSP program managers and data staff as well as providers can all use the indicators and outcomes to improve collaboration in reaching goals. DHSP can also use them to meet reporting requirements for the Health Resources and Services Administration (HRSA) and SBP can use them to inform SOC development.
- Eventually this work will likely replace the Service Utilization Report (SUR). The SUR utilizes a wide range of data points drawn from various sources including data reportable to HRSA, internal data points and others.
- Juhua Wu, previous SUR staff, was frustrated that data points lacked common denominators or numerators so could not be compared and usefulness could not be determined. She and Ms. Garland spent 18 months gathering feedback from program and data staff, e.g., whether indicators were appropriate for programs and data was available.
- The goal was to identify a common data set that could be used for both internal DHSP and reporting purposes. Ms. Garland has continued since Ms. Wu's departure with one staff person. Another was being hired. Data inventory and a logic model for each service category were expected in a year. Dr. Michael Green hoped work would inform the 2017 SUR. Six categories have been completed and reviewed with program staff. Mental Health was under development.
- DHSP was starting with Case Watch data and will expand to prevention and STD services as resources permit. All data points are being reviewed to ensure they are relevant, being used and data is reported in a consistent manner.
- DHSP anticipates amending contracts to reflect logic models and indicators. Hopefully, they will also be reflected in SOCs. DHSP seeks to achieve program efficiency by reducing redundancy and data burden, and increasing access to and utilization of program outcomes across DHSP program managers, evaluators and Quality Management personnel as well as stakeholders to support Continuous Quality Improvement (CQI) and National HIV AIDS Strategy (NHAS) goals.
- A senior management team is vetting indicators and measures, e.g., ensuring a common retention in care definition of the number of visits within what time frame and how far apart visits are. Stakeholders receive updates so they can offer feedback. This is a CQI activity itself that responds to needs of data users. DHSP hopes to eventually develop an annual dashboard report in easily accessible language that is relevant to providers' work.
- Mr. Vallejo asked how old Case Watch data was. He also asked about integration of prevention and care measures. Ms. Garland was unsure how old Case Watch was, but it was likely from the early 1990s. It is old and clunky, but DHSP has worked with its administrators over the last two years to force the system with programming to improve data quality.
- There is perpetual discussion on when Case Watch will be replaced. Ms. Garland was unsure, but felt it important to first understand data already being collected, how it is being reported and Case Watch strengths and weaknesses. It holds a great deal of data. Some variables came from DHSP and others by request of as few as one or two providers. With staff turnover, the provenance of some data points is unknown. Hopefully, this project will clarify data.
- Mr. Land asked about Slide 7, regarding "increased access to and utilization of program outcomes." Sometimes barriers to service access are incidentally created when addressing outcomes. He urged keeping that risk in mind.
- Regarding Slide 8, he suggested adding a service inventory to implementation. The Commission has identified over 30 categories that consumers access though not all are funded. It would be helpful to see how outcomes impact them.
- Ms. Garland said work was designed to be helpful so it is important to identify data sources and definitions. A summary will be developed of indicators identified by service category. She asked if Mr. Land wanted a comparison of what DHSP

funds and was tracking relative to services for which the Commission had SOC's. He supported either or a combination of both to facilitate Commission process engagement especially on outcomes which may, or may not, impact priorities.

- Ms. Garland added DHSP had reviewed several categories and it was difficult to develop outcomes for some. DHSP is evaluating categories to align with HRSA reporting requirements or strategy goals so was drawing from indicators used by HRSA, the Centers for Disease Control and Prevention (CDC), other jurisdictions and the literature.
- Mr. Goddard added indicators for social programs tend to be nebulous. This process will not only be helpful for DHSP and SBP's work, but can also help providers attract outside social impact investments into their programs.
- Regarding Mr. Vallejo's earlier question on integration of prevention and care, Ms. Garland noted DHSP was starting with Ryan White-funded services, the bulk of its service portfolio. Within those, services have been prioritized based on those which serve the most people and/or receive the highest allocations or those in most urgent need of review.
- This project will support outcomes-based program management by using two to four key service components to inform monitoring activities for greater efficiency, to improve services and provide an opportunity for technical assistance. Clear, standardized service-level measures will support consistent performance tracking.
- Program-level outcomes are intended to contribute to system-level outcomes of viral suppression and retention in care as is HRSA's intention. If that is not the case, then DHSP will evaluate how to improve services or revamp the category.
- Case Watch provides Ryan White-funded service data, but many consumers now receive medical care via another payer source. DHSP will match Case Watch with HIV surveillance data to obtain system-level results regardless of payer.
- DHSP was evaluating how interventions for each service category identified in its logic models align with the pertinent SOC. Service-level outcomes can then be tied to system-level outcomes. A similar logic model could be embedded in each SOC to clearly demonstrate how the services contribute to system-level outcomes.
- DHSP developed a Continuum of Care with outcome measures identified for each service category tied to a specific area of the Continuum to reflect where services are allocated to improve performance. Service-level indicators are represented below the Continuum and NHAS goals above the Continuum to link the two on the system level.
- Mr. Land asked if DHSP had reviewed other jurisdictions' prevention continuums to inform ours. Ms. Garland noted prevention was not her area of expertise so she was collaborating with others and will review other jurisdictions' work.
- Mr. Marquez said New York has a Continuum of Prevention, but it is heavily focused on PrEP. He urged ensuring a more holistic approach including behavioral interventions and identification of new infections.
- Mr. Goddard felt there were complimentary continuums, e.g., an AIDS housing continuum is being developed based on the HIV Cascade to show how housing can get and keep people in care. There may be other complimentary continuums as well that might be overlaid to provide a broader system view. Ms. Granados added the Comprehensive HIV Plan Task Force was also developing a prevention continuum. They were hoping to be able to present on it at the Data Summit.
- Mr. Marquez said it might be most beneficial ultimately to develop a prevention systems map with clusters of information rather than a traditional continuum used for PLWH.
- Mr. Goddard noted there have been excellent discussions in work group meetings, but SBP has lacked capacity to evaluate current SOC's and to address service effectiveness. He recommended SBP work collaboratively with DHSP to leverage some of its work such as this Outcomes Project, e.g., by embedding logic models in SOC's.
- He urged evaluating all the care SOC's and service effectiveness as soon as the prevention SOC's were completed.
- Mr. Marquez said his program provides capacity building assistance so may be able to help incorporate logic models.
- Mr. Goddard noted his agency's program managers recently engaged their staffs in developing logic models for their programs. It was a valuable experience. He suggested attendees encourage their agencies to engage in the process.
- Ms. Garland urged coordinating with DHSP when developing indicators for prevention SOC's to ensure data is available. Mr. Goddard added DHSP may be able to build collection in for future capture if the indicator is important. SBP can check with David Jansen on indicators or contact her with questions at wgarland@ph.lacounty.gov.
- ➡ SBP will engage in a positive dialogue with DHSP on the Outcomes Project to better inform SOC development work.
- ➡ Mr. Marquez will attempt to obtain the New York prevention continuum and forward it to SBP.

8. HIV SPECIAL POPULATIONS GUIDELINES:

A. Expert Review Panels (ERP):

(1) Finalize Letter of Invitation to be Part of a Special Population Guidelines Panel:

- ➡ SBP approved the draft letter to invite potential Special Population Expert Review Panel (ERP) participants.

(2) Invitation List:

Standards and Best Practices Committee Meeting Minutes

January 21, 2016

Page 4 of 4

- ➡ Mr. Cruz-Gutierrez provided a list of potential participants for the Youth Special Population Guidelines ERP. SBP agreed to add Miguel Martinez. Other suggestions were: Simon Costello; Khris Namoth; Jorge Diaz, Director, Youth Programs, Bienestar; Dr. LaShonda Spencer, parent/youth suggestions; LGBT Center. Ms. Flynn will follow-up with the Los Angeles Homeless Services Authority and Al Ballesteros with JWCH for housing recommendations. Mr. Rosales may also have additional suggestions. Suggestions can be emailed to Doris Reed.

(3) Schedule:

- ➡ Review schedule at February meeting based on availability of budget funds and consultants.
- ➡ Invitation letters for the Youth Special Population Guidelines will be sent out once the schedule has been finalized.

B. Transgender Task Force Recommendations:

- ➡ Ms. Enfield provided materials from the last Task Force meeting for review. Work on the Transgender Special Population Guidelines will be initiated once Youth Guidelines work has launched.

9. STANDARDS OF CARE (SOC):

A. Prevention:

(1) Framework and Development:

- Mr. Goddard called attention to the memorandum in the packet presented at the last Commission. The Prevention SOC Work Group members were Ms. Ferlito, Mr. Goddard, Ms. Granados and Dr. Fariba Younai. They developed a draft framework on pages 7 to 14 of the memorandum adapted from the CDC Standards for Prevention as well as prior work done by the Prevention Planning Committee and prevention-related material in Commission Care SOC.
- Ms. Granados elaborated the material was collapsed into seven Prevention SOC categories. All but two of the seven have related Care SOC which can be adapted to inform the pertinent Prevention Standards.
- Mr. Goddard noted SBP had not yet formally weighed in on the framework. Mr. Vallejo felt the material was too important to address in the waning moments of the meeting and suggested it as the main February meeting item.
- ➡ Move Prevention SOC Framework/Development to main February agenda item to ensure appropriate review.

10. NEXT STEPS: There was no additional discussion.

11. ANNOUNCEMENTS:

- ➡ Ms. Flynn noted a flyer for a Los Angeles Police Department community planning meeting on 2/3/2016 for their 4/23/2016 LGBT Safety and Health Fair. She will forward the flyer to staff for distribution.
- ➡ Mr. Goddard invited all to join the Los Angeles County HOPWA Advisory Committee meeting that day at 12:00 noon in the Commission office to discuss the de-emphasis of HIV in homeless programs. Housing is the most important Social Determinant of Health in reducing viral loads of PLWH.

12. ADJOURNMENT: The meeting adjourned at 11:30 am.